

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Formal 10-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JAN 12 1988

I. Operator
Robert L. Bayless

Address
PO Box 168 Farmington, NM 87499

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 492	Well No. 1	Pool Name, including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Indian	Lease No. Jic Cont 492
Location Unit Letter <u>P</u> : <u>900</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u> Line of Section <u>28</u> Township <u>28N</u> Range <u>2W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

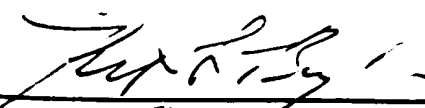
Name of Authorized Transporter of Oil ☐ or Condensate ☐ none	Address (Give address to which approved copy of this form is to be sent) N/A
Name of Authorized Transporter of Gas ☐ or Dry Gas ☐ Robert L. Bayless	Address (Give address to which approved copy of this form is to be sent) PO Box 168, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When no

If this production is commingled with that from any other lease or pool, give commingling order number

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)
Petroleum Engineer
9/9/87 (Title) (amended 9/21/87)
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 12 1988
Original Signed by FRANK T. CHAVEZ
BY _____
SUPERVISOR DISTRICT # 3
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 1111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rec'y.	Diff. Rec'y.
Date Spudded	9/26/85	Date Compl. Ready to Prod.	8/16/87	Total Depth	8370	P.B.T.D.	8341		
Elevations (DF, RKB, RT, CR, etc.)	7205 GL	Name of Producing Formation	Gallup	Top Oil/Gas Pay	6910	Tubing Depth	7434		
Perforations	6910 - 7440					Depth Casing Shoe	8358		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 - 1/4"		9 - 5/8"		545		350 sx Class B			
8 - 3/4"		7"		8358		Stage 1: 434 sx Class B			
						Stage 2: 373 sx Class B			
						Stage 3: 1014 sx Class B			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed test allowable for this depth or be for full 24 hours)

OIL WELL		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks		Tubing Pressure		Casing Pressure	Choke Size
Length of Test		Oil - Bbls.		Water - Bbls.	Gas - MCF
Actual Prod. During Test					
GAS WELL		Length of Test		Bbls. Condensate/MSCF	
Actual Prod. Test - MCF/D	3573	3 hours		0	
Testing Method (pure, back pr.)	backpressure	Tubing Pressure (Shut-In)		Casing Pressure (Shut-In)	
		0 - logged off		1405	
				Gravity of Condensate	
				Choke Size	
				3/4"	